Chain # 19 is 1								10/70/870				
	i patent	COR	Application or Docket Number 650053.91649									
CLAIMS AS FILED - PAF (Column 1)				•	•			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			47					RATE	FEE	7 1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.00	E 385.00 OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			H7 minus 20=		*	27		X\$ 9=	243	OR	7010	
INDEPENDENT CLAIMS			17	ninus 3 =	*	4	_	X43=		OR	. X86=	
MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR	+290=		
	* If the difference in column 1 is less than zero, enter "0" in column 2								. 800	OR	TOTAL	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						3)	SMALI	_ ENTITY	OR	OTHER SMALL	
AMENDMENT A	6/16/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 47	Minus	·· 45	7-	= Ø		x\$35	0	OR	X\$18=	
	Independent FIRST PRESE	* 14 INTATION OF MI	Minus JLTIPLE DEI	Minus +++ 7 = 7 TIPLE DEPENDENT CLAIM				X45=	7000	OR	X86=	
					-	<u> </u>	ا ر	+145=		OR	+290=	
							7	TOTAL	- 8 ' // // 1. / // 1	ØFI.	TOTAL ADDIT, FEE	
		(Column 1)		(Colum		(Column 3				10		
ENT B	10/17/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDM	Total	• 15	Minus	· 47	,	= 👸] [X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF MU	Minus		7 AIA	= 0	- 3	X43= .		OR	X86=	
<u> </u>	1 1101111100	ALVINOIA OL IMO	CHICE DEF	LINDEINI			-	+145=		OR	+290≐	
				•			L .	TOTAL DDIT. FEE		OR,	TOTAL ADDIT, FEE	
· <u> </u>		(Column 1)		(Columi	n 2)	(Column 3					woii. I LEB	

• •		(Column 1)		(Column 2)	(Column 3)			
AMENDMENT C	26/06	CLAIMS REMAINING AFTER AMENDMENT		, HIGHEST NUMBER PREVIOUSLY · PAID FOR	PRESENT EXTRA			
	Total	· 28	Minus	· 41	= 0			
	Independent	* :11	Minus	*** 14'	= 8			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

**The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

ADDI-ADDI-TIONAL RATE RATE TIONAL FEE FEE ' X\$ 9= X\$18= OR X43= X86= OR +145= +290= OR TOTAL

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